Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 60319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the towa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB
Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state For office use orly:
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STATE TRAINING SCHOOL		
Name of Department or Office 3211 EDGINGTON AVENUE ELDO	ORA, IA 50627	
Mailing Address City	ng Address City, State, Zip Code	
611-858-5402 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	:	
KRISTIN HAGEDON	,	
Name		
Mailing Address (If different from above) khagedo@dha.state.ia.us	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
OONOR OF GIFT OR BEQUEST:		
American Legion Auxiliary #304 (c/o Judy Kerch)	7	
Name		
112 S. Fort Avenue Eagle Grove, IA 50533 Mailing Address City, State, Zip Code	12/5/11 \$100.00	
wating Address City, State, 21p Code	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Addrese (optional)		
Provide a description of the gift or bequest and purpose thereof:		
cash donation to STS Chaplaincy Department	•	
cash donation to 513 Chaptaincy Department		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the sta	ale or received by the Governor on behalf of the state	
recoupt or any gire of bequeen that to reconfee by any department or the sec	(a) (b) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
latement of Affirmation:		
Kristin Hagedonaffirm that the gift or bequest reported above seessment of the fair market value (if applicable) is correct and true to the bit	is accurate. I further affirm that the information concerning the donor and est of my knowledge.	
	-	
Kristin Hagedon	Dec. 7, 2011	
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

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	entires.
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	DEC
STATE TRAINING SCHOOL	
Name of Department of Office 3211 EDOINGTON AVE ELDORA, IA 58627	-
Mailing Address City, State, Zip Code	
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Kristin Hagedon	
Name	
Mailing Address (if different from above) City, State, Zip (if diffe	erent from above)
Khagedo@dhs.siate.ia.us Email Address Area Code & Telepho	ne Number (if different from above)
Anian Awardog	the Victimes (il dillocat nous proses)
DONOR OF GIFT OR BEQUEST:	•
Priscilla Guild Circle, c/o Linda Sizemore	•
Name	
2010 11th Street Eldora, IA 50627	800.00
Mailing Address City, State, Zip Code 11/20/11	\$30.00
Area Code & Telephone Number	AmountValue*
l "value et dell'et ac l'	iair market value" of item as determined by or office. If no value mark "0.00".
Email Address (optional)	VI VIIIV TILLY TIL
Provide a description of the gift or bequest and purpose thereof:	
popcom and stamped envelopes - gifts for students	
	·
Criteria to use this form:	<u></u>
Receipt of any gift or bequest that is received by any department of the state or received by the Gover	nor on hebril of the sigle
Receipt of any girt or dequest that is received by any department of the state of received by the Gover	ng an reliati of file state.
Statement of Affirmation:	

		. I further affirm that the information concerning the donor and
assessment of the fair market v	alue (if applicable) is correct and true to the best of my kr	nowledge.

rustin Hagedon Signature

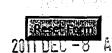
Dec. 7, 2011

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OF REGULECT.

Alice Church of God Womens Ministries Name C/o Mary Ralston, PO Box 457			AOCO!		
Mailing Address Gity, State, Zip Code det-id-states Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: KRISTIN HAGEDON Name Mailing Address (if different from above) Largering Address (if different from above) Largering Address (if different from above) Largering Address Area Code & Telephone Number (if different from above) CONOR OF GIFT OR BEQUEST: Alice Church of God Womens Ministries Name C/o Mary Raiston, PO Box 457 Conrad, IA 50621 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof: cash donation to be used toward student Christmas party Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state. Statement of Affirmation:	STATE TRAINING SCHOOL	,			
Area Code & Telephone No. CIty, State, Zip (if different from above) Mailing Address (if different from above) Mailing Address (as Telephone Number (if different from above) CONOR OF GIFT OR BEQUEST: Alice Church of God Womens Ministries Name C/o Mary Ralston, PO Box 457 Conrad, IA 50621 Mailing Address City, State, Zip Code Area Code & Telephone Number Area Code & Telephone Number Tenul Address (optional) 12/6/11 \$100.00 Date of Gift or Bequest Amount/Veiue* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". Email Address (optional) Citleria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.	Name of Department or Office 3211 EDGINGTON AVENUE		ELDORA,	IA 50627	
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Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.					
Statement of Affirmation:	Criteria to use this form:				
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W '.e. YYd.					
77 '' YY	<u> </u>				
Kristin Hagedon	statement of Affirmation:				
Krishin Hagedon affirm that the gift or bequest reported above is accurate. I further affirm that the Information concerning the donor a	Kristin Hagedon affirm that	the gift or bequest reported	d above is ac	curate. I further affirm that I	the information concerning the donor an

ristin Dagedon

Dec. 7, 2011

Date

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ailing Address 41-658-5402 ea Code & Telephone No.	ELDORA, IA 50627 City, State, Zip Code
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41-638-9402 ea Code & Telephone No.	
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NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	
ristin Hagedon	
ame	
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bagedo@dhs.state.ia.us	
mail Address	Area Code & Telephone Number (If different from above)
NOR OF GIFT OR BEQUEST:	
Parille America Inc.	
ame	_
311 E. Lincoln Way Ames, IA 50010	
niling Address City, State, Zip Code	11/16/11 \$35.70
	Date of Gift or Bequest Amount/Value*
rea Code & Telephone Number	*yalue is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00".
mail Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
•	.,
30 lbs. of pasta to be used for Volunteer Appreciation	on dinner
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of th	e state or received by the Governor on behalf of the state.
tement of Affirmation:	
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ristin Hagedon <u>affirm</u> that the gift or bequest reported ab	love is accurate. I further affirm that the information concerning the donor an
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1000	
Kristin Hagedon	Dec. 12, 2011
Signature	Date